

State of Delaware
Governor Jack Markell
Boards and Commissions Application

Section I. Basic Information

Name: _____
Prefix First Middle Last Suffix/Designation

Current Residence: _____
Street P.O. Box (if applicable)

City State Zip Code County

Telephone: _____ Date of Birth: _____
Day Phone Cell

Email Address: _____

Have you resided at your current residence less than 5 years? YES NO

If yes, please list all residences for the past 5 years, excluding current residence:

Section II. Employment Experience

Please provide your professional work history, starting with the most recent.

Employer/Company	Position/Title	Start and End Dates

Section III. Professional Licenses and Certificates

License	Date Issued/Date Expires	Status (active, inactive, pending)

Section IV. Education

Please provide your complete educational background. Dates do not have to be exact.

	School Name/State	Certificate, Diploma, or Degree	Dates Attended
High School			
College			
Other			

Section V. Organizations and Society Memberships

Please list all organizations and societies of which you have been, or are currently, affiliated.

Organization Name	Previous	Current

Section VI. Questionnaire—Entries marked with an “*” are optional.

Do you or your spouse own real property, personal property, financial holdings or receive income from any source which might present, or appear to present, a conflict of interest with your requested appointment? YES NO If yes, please explain: _____

Have you or your spouse ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) within the past five years which might present, or appear to present, a potential conflict of interest with your requested appointment? YES NO If yes, please explain: _____

Have you filed federal and state income tax returns for the past seven years? YES NO
If no, please explain: _____

Have you been convicted of a misdemeanor or a felony as an adult? YES NO
If yes, please explain: _____

Are you currently under any federal, state or local investigation for violation of a criminal law?
YES NO If yes, please explain: _____

Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? YES NO If yes, please explain: _____

Are you only interested in a paid appointment? YES NO
Required compensation (if any): _____

Certain boards and commissions require full disclosure of personal financial data. If required for the board or commission for which you are applying, are you willing to do so? YES NO
If no, please explain: _____

How much time are you capable of committing to a voluntary, unpaid position? _____

The following questions are optional. They will enable the administration to consider the appointment of a diverse group of individuals and to meet statutory requirements of various boards:

Are you a person, or a relative of a person, with a disability? * YES NO
If yes, please indicate which: Disabled or Relative

Are you registered to vote in Delaware?* YES NO
If yes, what is your Political affiliation?* _____

Are you a United States citizen?* YES NO
If no, please identify citizenship country: * _____

Gender * _____

Ethnicity * _____

Section VII. Intent

Please indicate the number of desired board below by using [attached list](#). Applicants may indicate more than one board:

Board Number	Board Name	Board Number	Board Name

Please explain why you wish to serve on a Board or Commission.

If applying for a specific Board or Commission, please explain what skills you would bring to enhance productivity.

Section VIII. References

Please list three references who are not relatives.

Name	Phone Number

Signature of Applicant

Date

Please return to:

Office of the Governor
ATTN: Lydia Prigg- Director of Boards and Commissions
Or Monique Hampton - Deputy Director
150 William Penn Street
Dover, DE 19901
Telephone: (302) 744-4101 Fax: (302) 739-2775